Amendments and Questions to the
2005 Title I Request for Applications (RFA)

<u>EMA –WIDE Amendments</u>

Several service areas previously available for bid under the OFF-THE-TOP (OTT) service category will not be included in this 2005 Ryan White Title I RFA. The service areas that are part of Service Category - OTT will be offered through another solicitation later this year.

The service areas not included in this year's 2005 Ryan White Title I RFA are: Service Category OTT – OFF-THE-TOP:

1) Planning Council Support;
2) Capacity Building;
3) Information and Referral/Website; and
4) Quality Assurance
a.Site Visits
b.Outcome Measures
c.Evaluations

Additional information will be provided at the Office of Partnerships and Grant Development website, WWW.OPGD.DC.GOV at a later date.

Clarification regarding submission of applications to a single service area for multiple sites.

If your organization is applying to a single service area for multiple sites, using the criteria outlined in the RFA, please submit a separate application for each site.

Applicants applying to the Direct Emergency Financial Assistance service areas of: Emergency Drug Assistance; Emergency Food Vouchers; Transportation Assistance; Emergency Rental Assistance; Emergency Utility Assistance; and Emergency Telephone Assistance are responsible for:

1)ensuring that all eligible clients are residents within their applicable jurisdiction;
2) HIV positive;
3) have an assessment including a financial plan conducted by an HIV or a Social Services case manager; and
4) income ~~below 300%~~ **does not exceed 300%** **(Applicable to DC, MD & VA)** of the Federal Poverty Income guidelines.

Section #1: Page 13: Paragraph 1: Performance Standards and Quality Assurance

1. The applicant is required to have a continuous quality management plan that includes a quality improvement system and an implementation work plan.

Question: Is the continuous quality improvement plan part of **Section VI, Application Format** or a separate document?

Answer: No, it is not part of the continuous quality improvement plan. It should be attached as an Appendix.

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Section V: Review and Selection of Applications: Scoring Criteria: Criterion B: Relevant Experience and Organizational Capability (Total 40 pts)

Previously funded applicants must describe how Ryan White Title I services were provided and describe the level of compliance with service delivery and expenditure target goals for the period of March 1, 2004 through September 30, 2004.

Section V: Review and Selection of Applications: Scoring Criteria: Criterion C: Sound Fiscal Management and Reasonable Budget (Total 20 pts)

1. The applicant demonstrates that the proposed budget is reasonable, realistic and will achieve project objectives. **(~~4 Points~~) (3 Points)**

2. The applicant demonstrates sound fiscal management practices through the description of their accounting system. **(4 Points)**

3. The applicant demonstrates financial stability through the description of sources of funding (other than Ryan White funds) and demonstrates capability to implement and maintain service delivery and administrative operations under a cost-reimbursement grant. **(7 Points)**

4. The applicant describes policies and procedures in place to ensure that Ryan White Title I funds will be used as the funds of last resort in accordance with the Ryan White CARE Act. **(6 Points)**

Section VI: Application Format

Applicants are required to follow the format below. Each application must contain the following information and must be divided by colored paper to separates pages or index tabs that clearly mark each section.

Section VI: Application Format:
Bullet # 6

- **Organizational Experience and Qualification of Applicant: (5 pages, organizational chart and ~~Table 3~~ Attachment F)**

The number of pages designated for each section is the maximum number of pages permitted per section. The maximum number of pages for the total application **cannot exceed ~~23~~ 22 double-spaced pages (no single-spaced pages; any bulleted items must also be double-spaced) on 8½ by 11-inch paper. Margins must be no less than one inch and a font size of 12-point is required. All pages must be consecutively numbered. Applications that do not conform to these requirements will not be scored.**

Amendments and Questions to the 2005 Title I Request for Applications (RFA)

Description of Application Sections:
Paragraph 2:
Organizational Experience and Qualification of Applicant:
Applicants shall be required to maintain an accounting system in accordance with generally accepted accounting principles. Such records shall be made available to the funding agency, upon request. Organizations who received more than $~~300,000~~ **$500,000** in Fiscal Year ~~1999~~ 2003 must submit a copy of their most recent OMB A-133 ~~or A-128~~ audit with their application, in accordance with Federal law. Applicant must also include a copy of the audit in the assurance packet.

Section VI: Application Format: Applicant Staff and Subcontractor Information:

The applicant shall list the names and titles of top management, line supervisory, and key professional personnel who will be assigned to the proposed project and state the percentage of time each will devote to the project in total for each distinct service area for which funding is requested. Applications must include resumes and job descriptions. Resumes and job descriptions must be placed in the appendix.

Resumes must include the following:

1. Full name;
2. Title and area of specialty;
3. Affiliation with the project (staff of applicant or subcontractor);
4. Experience directly related to the proposed project. If the individual worked on any of the previous Federal, District government or other eligible local government grants or contracts cited in Section I of the RFA, they should be referenced by number;
5. Education/training/publications;
6. Certification or licensing required to perform duties **(New to DC, MD & VA)**

Paragraph 5:

For those programs wherein ten percent (10%) or more of the population to be served is comprised of minority persons, applicants are required to provide evidence of the bilingualism/ biculturalism of the Board of Directors, management, and staff of the organization. Applicants are also required to complete ~~**Table 3,**~~ **Attachment F,** *Documentation of Composition of Board of Directors and Management.*

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Section VI: Proposed Budget and Budget Narrative Justification: XPRES Data Management Plan Budget Narrative:

Addition: XPRES is 3% in addition to your total award

XPRES Data Management Plan Budget Narrative:

XPRES is the required data management system for **all** Title I providers in the Washington Metropolitan EMA. Applicants may apply for up to 3% of their requested funds to support personnel and equipment responsible for data entry using the XPRES software, the preparation of the XPRES reports, and the preparation of the HRSA CARE Act Data Report (CADR).

Applicants shall submit a data management budget narrative describing how their XPRES funding will be used. **(New for DC, MD, and VA) One XPRES Budget should accompany each service category application.** The Planning Council has set aside this money to assist the provider in maintaining a computerized log of services provided to clients, using the required XPRES system. The data management budget narrative may contain amounts needed for hardware (such as computer and/or printer), for coding data forms, for data entry, for data reporting, and/or for management of these tasks. Staff for data coding and data entry may be part-time staff hired through temporary agencies.

Section VI: Certifications and Assurances (Assurance Package):

Applicants seeking funding shall complete and return one (1) unbound original and ~~three (3)~~ two (2) copies in three (3) separately sealed envelopes. All required certifications and affidavits should be attached with the Certifications Checklist as stated in the Mandatory Application Requirements, Section I. The envelope must be sealed and the Applicant Profile (Attachment ~~A2~~ A) must be affixed to the outside of the envelope.

Section VI: Appendices:

1. TABLE A: Scope of Work (Attachment G);
2. A copy of any specific license or certifications required to perform the service;
3. Resume of each individual that will be funded by this grant;
4. Job descriptions for all positions that will be funded by this grant;
5. Evaluation Plan;
6. Copies of all Memoranda of Understanding (MOU) and/or Subcontracts related to providing services funded by this grant;
7. Copies of letters of collaboration/linkage with other service providers;
8. Capacity to Provide Culturally Competent Services (Attachment D);
9. Linkage With Other Service Providers (Attachment E);
10. Documentation of Composition of Board of Directors and Management (Attachment F);
11. Organizational Chart; **(new for DC, MD & VA)**

12. Quality Management Plan that includes implementation work plan; and **(new for DC, MD & VA)**
13. Service Protocols (Attachment H).

Correction to Attachment K – Eligible Metropolitan Area (EMA) Wide Assurance Checklist

Certifications to include:

___2. Signed Federal Assurances (Attachment ~~C~~ **B**)

Amendments and Questions to the
2005 Title I Request for Applications (RFA)

DC Specific Changes

Section VI: Application Format: Organization, Experience and Qualifications of Applicant: Paragraph 3: Bullet #1:

- Current certified statement of the applicant's financial condition (not more than twelve months old and prepared by an independent CPA, who is not an employee of the applicant). Include a copy of the financial statement in the assurance packet. **(New to DC)**

Section VI: Application Format: Applicant's Staff and Subcontractor Information: Paragraph 1: Bullet #7:

- Documentation that each of these management key personnel possess adequate education, training and experience to perform the duties to which they are assigned. Staff persons must meet all applicable requirements for certification and or licensing, and shall be adequately trained to perform required duties. **(New for DC)**

- Staff or subcontractor staff employed by or under contract with the applicant as of the date of proposal submission are to be included, as well as staff that will be hired upon award of the grant if staff will provide services relating to the grant **(New for DC)**

DISTRICT OF COLUMBIA
GRANT TERMS AND CONDITIONS (Does not apply to MD & VA)

SECTION VII: Number 3: Insurance

During the term of the grant, all organizations will be required to obtain and keep in force commercial general liability insurance, to include off premises activities when applicable, covering bodily injury, death, and property damage in the minimum amounts of two hundred thousand dollars ($200,000.00) per person and five hundred thousand dollars ($500,000.00) per occurrence~~. All organizations shall be required to maintain physical and sexual abuse liability coverage in the amount of one hundred thousand dollars ($100,000) per individual and three hundred thousand dollars ($300,000) per occurrence.~~ All Certificates of Insurance must list the specific applicable dollar amounts as described herein. Organizations may be required to carry additional insurance depending on the service areas provided under the terms of their award, as follows:

SECTION VII: Number 6: Vendor Assurances

The organization shall submit and comply with all document requirements as determined by the District of Columbia Department of Health, HIV/AIDS Administration. <u>The following documents will be included for completion with the organization agreement:</u>

a. Vendor Oath and Certification, ~~PGC #701.~~

b. Certification of Assurance of Compliance Regarding Fair Labor Standards Act, ~~PGC Form #4318.~~

c. Bidder/Offer or Affidavit and Statement of Ownership, ~~PGC Form #3962.~~

Corporate Acknowledgment - Whenever the DOH is contracting with a corporate entity or partnership, an acknowledgment must be executed in order to assure the DOH that the person signing the document on behalf of the entity has the authority to bind the entity to the terms and conditions of the agreement. This Corporate Acknowledgment must be notarized.

SECTION VII: Number 7: District of Columbia Regulatory Requirements

a. Organizations seeking funding for Food Bank and Home Delivered Food (Meals or Groceries) services must include a copy of the current Food Permit issued by the Food Protection Division of District of Columbia or such appropriate designated division of the government with proposal.

b. Organizations seeking funding for Childcare services are required to comply with the regulations set forth by the Day Care Licensing Division of District of Columbia. Organizations seeking funding in any service areas that include work with children are required to complete Criminal Background Investigations (conducted through local law enforcement agency) on all paid or volunteer service providers.

c. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate ~~Maryland~~ Jurisdictional licenses with grant proposals.

Amendments and Questions to the
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Maryland Specific Changes

SECTION VI

APPLICATION FORMAT

Section IV: Part II:

- Application Checklist Form **~~(See page 3)~~ (See page 6 – not counted in page total)**

Section IV, Part III – Suburban Maryland

Service Category 7: Emergency Food Vouchers

Approximately $75,132 in Ryan White funds will be available to fund these services.
Applicant Responsibilities:

1. The applicant is responsible for providing food vouchers and/or grocery store gift cards to individuals living with HIV/AIDS. These vouchers and/or gift cards are to be used for food, personal care items and/or household products only. There is a $300 cap for Emergency Food Vouchers per client/household per year.

2. The applicant is responsible for: 1) ensuring that all eligible clients are residents within their applicable jurisdiction; 2) HIV positive; 3) have an assessment including a financial plan conducted by a HIV or a Social Services case manager; and 4) income ~~below 300%~~ not to exceed 300% **(Applicable to DC, MD & VA)** of the Federal Poverty Income guidelines.

3. **Vouchers and/or grocery store gift cards must be in $50 denominations.**

4. The applicant is responsible for describing the process for assessing client needs, financial status, and eligibility for other food entitlement programs.

5. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children.

6. The applicant is responsible for describing eligibility criteria, any limits and maximum allowances. Vouchers for food may be redeemed at food banks, SHARE programs, grocery stores, and/or other community based food distribution programs. **The applicant must instruct clients and ensure in writing that clients know that vouchers and/or gift cards are not used for tobacco products, alcoholic beverages, household appliances, and/or pet food and products.**

7. Applicants **are required** to have more than one type of food voucher and/or grocery store gift card available and must list the proposed stores. Priority will be

given to applicants proposing to provide food vouchers and/or grocery store gift cards for more than one grocery store chain.

8. The applicant is responsible for demonstrating the ability to link clients receiving food vouchers with appropriate nutritional counseling offered by a registered dietitian with experience working with the HIV/AIDS community.

Section IV: Part II: Service Category 9: Emergency Rental Assistance

Emergency Rental Assistance is defined as the provision of emergency financial aid to clients with HIV/AIDS in a financial crisis due to the progression of their illness. The role of the service provider is to ensure that the client has a financial plan developed by an HIV case manager or social services case manager. To receive these monies and/or services, the client's income must not exceed 300% [FPL]. These funds can only be used for the following: 1) to assist the client with their security deposit; 2) first month's rent; 3) a monthly payment; or, 4) back rent. All payments are made directly to the landlord. Please be advised that there is a $1400 cap.

Approximately $107,936 in Ryan White funds will be available to fund these services.
Applicant Responsibilities:

1. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable Ryan White eligible individuals with HIV/AIDS to remain in their own homes. There is a $1400 emergency rental assistance cap per client/household per year.

2. **The applicant is responsible for: 1) ensuring that all eligible clients are residents within their applicable jurisdiction; 2) HIV positive; 3) have an assessment including a financial plan conducted by a HIV or a Social Services case manager; and 4) income ~~below 300%~~ not to exceed 300% (Applicable to DC, MD & VA) of the Federal Poverty Income guidelines.**

3. The applicant is responsible for assessing clients for eligibility and, if appropriate, referring them to utility assistance programs.

4. The applicant is responsible for providing a copy of policies, which must detail financial and client eligibility criteria including descriptions of limits or maximum allowances. Client records must include a form signed by the client demonstrating receipt of policies.

5. The applicant is responsible for addressing the methodology for prioritizing cases and addressing the needs of HIV infected persons with dependent children.

6. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.

7. The applicant is responsible for maintaining records on all payments including documentation containing verifiable information that details who received the payment, the purpose of the payment, and the eligibility criteria for recipients. Enrollment in other services cannot be a prerequisite for emergency financial assistance.

8. The applicant is responsible for demonstrating linkages with the Housing Opportunities for Persons With AIDS (HOPWA) program and describing how clients are linked with HOPWA and other forms of housing assistance.

9. The applicant is responsible for providing linkages with HIV case management programs.

Section IV: Part II: Service Category 10: Emergency Utility Assistance

Emergency Utility Assistance is defined as the provision of emergency financial aid to clients with HIV/AIDS threatened with discontinuance of utility services. Assistance should be provided on an episodic basis. Clients must be assessed or referred for assessment and for eligibility. Funds can only be used if there are no other funding sources available or the client is in the process of applying for alternative funds. There is a $300 cap, per year, per client/family, and financial aid must be made in the form of direct payments to the utility company.

Approximately $111,639 in Ryan White funds will be available to fund these services.

Applicant Responsibilities:

1. The applicant is responsible for assessing client's eligibility and for other utility assistance programs. If appropriate, clients must be referred to other utility assistance programs.

2. **The applicant is responsible for: 1) ensuring that all eligible clients are residents within their applicable jurisdiction; 2) HIV positive; 3) have an assessment including a financial plan conducted by a HIV or a Social Services case manager; and 4) income ~~below 300%~~ not to exceed 300% (Applicable to DC, MD & VA) of the Federal Poverty Income guidelines.**

3. The applicant is responsible for providing financial assistance on an emergency episodic basis that will enable people with HIV/AIDS to maintain essential utilities in their own homes. This assistance involves the provision of funds to redress the financial crises that may occur during the progression of HIV/AIDS.

4. Financial assistance is provided through direct payment made to the utility company (including residential telephone, gas, oil, electric, and water services), for people living with HIV/AIDS.

5. The applicant is responsible for designating the amount of funds, which will be allocated to each utility category.

6. The applicant is responsible for addressing the methodology for prioritizing the needs of HIV infected persons with dependent children.

7. The applicant is responsible for describing how it will coordinate with other providers to accept referrals.

8. The applicant is responsible for maintaining records on utility payments including documentation containing verifiable information that details who received the payment, the purpose of the payment, and the eligibility criteria for recipients. Enrollment in other services cannot be a prerequisite for emergency financial assistance.

9. The applicant is responsible for demonstrating linkages with the Housing Opportunities for Persons With AIDS (HOPWA) program and must describe how clients are linked with HOPWA and other forms of housing assistance.

10. The applicant is responsible for providing linkages with HIV case management programs.

Maryland Pre-application meeting Q & A

Pg. 31, Service Category 1, Outpatient Primary Medical Care, # 13
The applicant is responsible for developing agreements which ensure that services requested for persons in shelters, congregate living facilities, community residential facilities (CRFs), and day treatment facilities are rendered.
Question:
Does this mean in your office?
Answer:
You need to have appropriate mechanisms to coordinate the services.

Question:
Medicaid Covered Services: Can you please provide a list of the Ryan White Title I Services that are Medicaid eligible?
Answer:
Please refer to the Maryland Medical Assistance (Medicaid) program or contact oamajors@co.pg.md.us to have information faxed to you.

Question:

Amendments and Questions to the 2005 Title I Request for Applications (RFA)

Case Management Protocol: Can you please provide the Case Management Protocol currently approved for Suburban Maryland? (Electronic would be preferable, if it is available)

Answer:

Please refer to the Maryland Department of Health and Mental Hygiene, AIDS Administration's HIV Case Management Standards or contact oamajors@co.pg.md.us to have information faxed to you.

Pg. 40, Service Category 4, Emergency HIV/AIDS Drug Assistance

Only Primary Medical providers may apply for emergency HIV/AIDS Drug Assistance.

Question:

If the DHMH, AIDS Administration, a state operated AIDS Drug Assistance Program, ADAP does not provide Primary Medical services but is currently listed as a 340B covered entity, can they apply for funds for their clients?

Answer:

See answer to question # 17 in *Questions and Answers from the EMA-Wide Pre-Application Conference*.

Question:

Insurance Certificates: As a Best Practices standard, the insurance industry is moving, as our insurance company has, to electronic signatures on locked PDF Documents, versus "original blue-ink signatures", in order to save costs internally and for their customers. Will this type of document be acceptable?

Answer:

Yes.

Question:

At the VA Per-App meting, it was clarified that "divided by index tabs," (in the application Format Section) meant that each application section should be divided by separator pages (8 ½ by 11 inch paper) as opposed to "tabbed" pages where the tabs stick out to the side. Could you please clarify what is meant by "divided by index tabs that clearly mark each section?" Reference: Suburban Maryland RFA page 67, first paragraph

Answer:

Clearly marked colored separator pages or tabbed pages may be used to separate/divide each section of the application.

Pg. 41, Service Category 5, Substance Abuse Counseling, # 4

Question:

Are the licensure regulations listed in the RFA from HRSA? These regulations for licensure would severely hurt their program, as current staff would not be certified.

Answer:

These regulations come from SAMHSA. Your program would not be hurt. The regulations prevent counselors licensed only to treat substance abuse from attempting to treat the client's mental health issues. The counselor would refer and coordinate services for the multi-diagnosed client with a mental health professional. A LCPC can supervise and see multi-diagnosed clients because they have clinical training that encompasses alcohol and drug addiction and mental health.

Pg. 45, Service Category 7, Emergency Food Vouchers
Question:
Why are food vouchers only in denominations of $50?
Answer:
For tracking purposes, in terms of units of service it would make a unit a consistent dollar amount across the jurisdiction. However, in the applicant's proposal, they can describe the rationale for flexibility in denominations.

Pg. 46 Service Category 8 Assisted Transportation
Question:
In order for clients to use taxi services through Medicaid, they used to get a slip from their doctor justifying use of taxi service due to health concerns. Can we do the same?
Answer:
In your proposal, explain your methodology for use of taxi service.

Question:
Is there a special formula for drugs?
Answer:
No. We do not have a Title I formulary.

Question:
Should a Lab bill M.A. clients?
Answer:
The Labs customarily bill the insurance company/mco.

Question:
RFA Changes: When and where will the corrected pages of the RFA mentioned in the Maryland Informational Meeting be posted?
Answer:
Due to technical difficulties, we are not sure if the corrected pages will be available electronically in a timely manner. The majority of the corrected pages were distributed during the Maryland Informational Session on 10/7/04. The corrected pages have also been faxed to all organizations that attended the Maryland Informational Session on 10/7/04, and to all organizations that picked-up an RFA from the Prince George's County Health Department. Please contact Olive Majors at oamajors@co.pg.md.us if you need a copy faxed to you.

Question:
When and where will the revised Assurance Package Receipt (Attachment C2) for Suburban Maryland be available in PDF Format?

Answer:
Due to technical difficulties, we are not sure if the revised Attachment C2 for Suburban Maryland will be available electronically in a timely manner. The revised document has been faxed to all organizations that attended the Maryland Informational Session on 10/7/04, and to all organizations that picked-up an RFA from the Prince George's County Health Department. Please contact Olive Majors at oamajors@co.pg.md.us if you need a copy faxed to you.

Maryland Corrected Pages

The following corrected pages were distributed at the Informational Session:
Pg. 65, 67, 69 and 71.

Amendments and Questions to the 2005 Title I Request for Applications (RFA)

Questions and Answers from the EMA-Wide Pre-Application Conference

1. First, on page 21, number 2a, what exactly has to be included in the MOUs?

> Specific agreements that each provider agrees to do such as refer clients to each other during the duration of the grant period. It should include the types of services you will refer people for.

2. Can you tell me what needs to be included in the certifications and assurances packet? Does it include licenses and organizational charts, things like that, or just the certifications and assurances forms?

> Attachment K contains a list of what needs to be included into the certification and assurance packet. Items such as organizational charts, resumes and job descriptions are to be included in the appendix section of the application. This information can be found in the appendix section of the applications.

3. Do we need to specify how many people we will cross-refer? That seems a little difficult to do, since we don't know exactly what services each person will need, but if we need to include this information in the MOUs I would like to know now.

> You do not need to be specific on how many people you will cross-refer. However, your application will be stronger if you do. MOUs also need to span the life of the grant agreement.

4. If we are applying to, say, 10 service areas and have a document (for example an MOU) that is common to all 10 service areas, do we have to have the document signed 10 separate times for 10 original signatures, or can we have it signed once and photocopy it for the other service areas?

> Each "Original" application should include original MOUs. MOUs must be included in the Appendices and signed by the appropriate authority.

5. In terms of signing patients up for Medicaid, Medicaid does not cover the total cost of serving clients. For example, Medicaid may only cover about $18 a visit. Can we charge Ryan White for the balance of the cost? How do we account for that? Put into our budget as a credit against the costs, and each month subtract funds received from the total cost?

> **No,** you cannot charge Ryan White for a billable Medicaid expenditure. To do so would be fraud. Ryan White is a payor of last resort. If a client is Medicaid eligible, bill Medicaid. Ryan White cannot cover the remaining cost because Ryan White and Medicaid cannot be billed for the same encounter.

Amendments and Questions to the 2005 Title I Request for Applications (RFA)

6. Can we drop off our applications prior to the November 15, 2004 deadline in each of the jurisdictions?

Yes.

7. Resident of Jurisdiction? Is that defined as DC, Suburban MD and Suburban VA?

The jurisdictions that make up the Washington Eligible Metropolitan Area (EMA) are Washington, DC, Suburban Maryland, Suburban Virginia and West Virginia. All clients receiving services need to be residents of one of these jurisdictions.

8. If a prospective client moves to a jurisdiction in which they are a not resident are they to be excluded from services?

No, if they move to one of the above-mentioned jurisdictions within the EMA. If they move outside the EMA, they would not be eligible for the Washington Eligible Metropolitan Area services. However, if a prospective client moves within the EMA, they will have to establish residency within that jurisdictions in order for the services to be seamless and to be eligible for services.

9. Do resumes have to be submitted for management and supervisory staff; or just direct service staff? If position is currently vacant is a resume required?

Yes, if they are listed on the grant and being paid from the grant. Resumes need to be submitted for all persons employed by your agency either through contracts, volunteering and or direct hiring. If a position is vacant no resumes are needed but a position description is needed.

10. To what extent do we (applying agency) need to discuss old Ryan White Grants (prior to 03-04)?

For agencies that have received prior Ryan White Grants but not within the last year, we recommend that you discuss all prior activities and services that are relevant to your current service category application.

11. Will insurance documents with locked electronic signatures be accepted versus "original blue-ink signatures"?

Yes.

12. When and where will the revised Assurance Package Receipt (attachment C2) be available in PDF format?

There is not a revised assurance package receipt being done for DC. The current version is valid. The revised Maryland Assurance package receipt will be available by fax from the Prince George's County Health Department.

13. (Substance Abuse) The technical approach for drug treatment for the Chapman Group uses Buprenorphine the newest FDA & DEA approved medication instead of methadone. This drug is available at CVS with a prescription like medications for any other chronic disease. Only four physicians in D.C. metro area are certified to write prescriptions. Do we need to include the prescription cost in our budget or will this medication be made available under your protocols/ prescription contract?

No, we do not pay for substance abuse medications.

14. Do we (applying agency) need to submit a copy of the service protocol with the RFA for that service category?

No for DC and Yes for Maryland

15. (Home Delivered Meals) How many stops are there currently? Are the stops concentrated in particular areas of the City? Do you have to bid on the entire City or can you bid for only one area? Are the meals/packages presorted? Is this a seven day per week operation or like meals on wheels can you combine Saturday and Sunday's packages in one Saturday run?

The stops are specific to client needs. The stops are not concentrated in certain areas of the City. A bid for this service category is for all of Washington, DC. Yes, we recommend that the packages/meals be presorted. This is not a seven-day per week operation, however Saturday and Sunday packages can be combined. For further clarification please look to the applicant responsibilities outlined in the RFA under Home Delivered Meals.

16. Is the 10% a ceiling or floor for agencies to budget for subspecialties in Primary Medical?

We recommend that a minimum of 10% be budgeted for subspecialties in primary medical care.

17. (EDAP) Will you receive and review an application from an agency for this service category, regardless of the fact that the agency is not a primary medical provider? The Suburban Maryland Ryan White Title I Program Request for Applications (RFA) states on page 40 of the RFA that "Only Primary Medical providers may apply for emergency HIV/AIDS Drug Assistance."

We can under PHS's 340B requirement fund a state operated ADAP receiving financial assistance under the RWCA as they are eligible to become a covered entity in the 340B Drug Pricing Program. All 340B-covered entities are eligible to receive RWTI EDAP funds. We would however, require that they be restricted to serve only the 5 counties of Suburban Maryland. We would also strongly encourage them to establish linkages with our PMC providers in Suburban Maryland - but not require any signed agreements at the time of application submission. If awarded that may become a condition of the award if preferred.

18. Are all client deaths whether or not the death occurred due to HIV/AIDS to be reported?

Yes, regardless of how or why the client's death occurred, it must be reported.

19. Should a lab service provider who is new to the DC EMA but previously worked in Baltimore, submit their audit?

Yes

20. Do we have to submit a separate proposal for XPRES?

No. Submit a budget that includes narrative justification. One XPRES budget should accompany each service category application.

21. Do we have to take the additional 3% XPRES money?

No, but all Applicants must submit a data management budget narrative describing how their XPRES funding will be used.

22. What is the hardware requirement for XPRES?

An applicant must have Windows 2000, Microsoft Office software and Internet access.

23. Do you need DSL?

No.

24. On Attachment A, Applicant Profile, under type of Organization, is the Health Department considered other?

Yes.

25. Total funds requested - Do we include XPRES?

No.

26. If this form (Attachment D) must be re-done exactly like the sample, can we get it electronically?

The form (Attachment D) that you download off the Internet is an electronic copy that can be converted into a word document.

27. Is Attachment D to be used for each service category?

Yes.

28. As a provider for Lab services only, how would they complete this form (Attachment E)?

You would have to form linkages with Primary Medical Providers.

29. If you have a program and refer out to other organizations, do they all have to be listed on this form (Attachment E)?

Yes.

30. If the Applicant is not a minority organization, would they still have to complete this form (Attachment F)?

Yes.

31. Attachment G, "total # of Service Units to be Provided". It is noted here to refer to Attachment J for required service units. Are those the only service units that we include this year?

No, Refer to Attachment J to do your Table A for this RFA Application. Additional service units not in Attachment will be provided upon award notification and development of the Table A and grant agreement.

32. There is some confusion regarding the unduplicated client definition on Table A and the unduplicated client definition in Section II. # 4 Reports - Please explain.

Each service category stands alone. Clients are to be unduplicated within each service category. Provide one Table A for each service category, the table A reflects those persons to be served only by the service category for which you are applying.

33. Are organizations exempt from HIPAA required to submit a statement declaring them exempt?

Yes. However, if your organization refers or receives clients of the HIPAA covered service entities, you would still need a Business Associates Agreement with those entities.

34. What if your organization has a huge book on all your HIPAA policies; it would be too voluminous to copy for the RFA. What can you do?

Submit the cover page and a statement about the HIPAA book. However, the book should be available for review during site visits or upon request.

35. Do organizations need to submit a certificate of good standing for each jurisdiction they are applying for?

Yes. All applicants must submit a certificate of good standing or the equivalent from the jurisdiction in which they conduct business certifying that they are current in both licensure and taxes.

ATTENTION APPLICANTS: Any questions outside of the pre-application conference must be submitted in writing. Applicants must mail or fax questions the appropriate jurisdictional contact person by November 1, 2004. Questions submitted after the deadline date will not be accepted. Please allow ample time for mail to be received prior to the deadline date.